UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/P/L.18
4 February 1993
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

# RECOMMENDATION OF THE EXECUTIVE DIRECTOR FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS IN THE AFRICA REGION INVOLVING AN ANNUAL PLANNING LEVEL OF $1 MILLION OR LESS*

SUMMARY

This document contains recommendations for funding from general resources and supplementary funds for country programmes where the annual planning level is $1 million or less. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

| Country/programme | Amount (United States dollars) | | Duration |
|---|---|---|---|
| | General resources | Supplementary funds | |
| Gabon | 2 250 000 | 294 000 | 1993-1995 |

* In order to meet documentation deadlines of the Board, this document was prepared before aggregate financial data were finalized. The necessary adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the summary of 1993 recommendations for general resources and supplementary funding programmes (E/ICEF/1993/P/L.2 and Add.1).

GABON

Basic data (1991 unless otherwise stated)

| | |
|---|---|
| U5MR: 161 | Child population (0 to 15 years): 0.5 million |
| IMR: 91 | Literacy (1990): ../.. |
| Low birthweight (per cent moderate/severe): | (Per cent men/women): 74/49 |
| MMR (1983): 190 | Primary school enrolment |
| GNP per capita: $3 780 | (Per cent boys/girls): ../.. |
| | Number of those enrolled in 4th level (per cent) (1988): 56 |
| | Access to safe water (1988): 68 per cent |
| | Access to health services (1983): 90 per cent |

One-year-olds immunized against:

Tuberculosis: 92 per cent
Diphtheria/pertussis/tetanus: 70 per cent
Measles: 61 per cent
Poliomyelitis: 21 per cent

Pregnant women immunized against:

Tetanus: 72 per cent

The situation of children and women

1. Gabon, with 42 per cent of its population of 1.2 million between 0 and 15 years old, is a country endowed with substantial national resources. Although this immense potential has led to a gross national product (GNP) per capita of over $3,000, it has had little influence on the level of human development. According to the human development index, Gabon ranks 43 points lower than it would if measured by its per capita GNP alone.

2. The infant mortality rate (IMR) and the under-five mortality rate (U5MR) of 91 and 161 per 1,000 live births respectively, although relatively low, are still higher than those of Congo and Cameroon, both considered middle-income countries. In 1991, 11.3 per cent of infants born alive weighed less than 2,500 grams. In 1983, the maternal mortality rate (MMR) was estimated at 190 per 100,000 live births. These indicators, while surprising in so rich a country, can be explained essentially by an inefficient income distribution policy, a lack of motivation among personnel in the public sector and failure to gear national strategies towards improvement in the quality of social services.

3. Nevertheless, the improvement in immunization coverage has resulted in a significant reduction in deaths specifically related to measles. The other diseases targeted by the expanded programme of immunization (EPI) have also greatly diminished, and neonatal tetanus and poliomyelitis have been practically eliminated. However, the success of EPI should not mask the persistent public health problems affecting children, such as dehydration caused by diarrhoea, malaria and the outbreak of an epidemic of acquired immune deficiency syndrome (AIDS). Despite Gabon's adherence to the primary health

care (PHC) strategy, it must be acknowledged that the primary health services are no longer able to offer high-quality care, in particular because of the almost general shortage of essential drugs and the difficulties in financing the National Social Security Fund.

4. With regard to basic education, primary school enrolment rose considerably between 1960 and 1988, at an annual rate of 4.9 per cent. Despite a high enrolment rate (nearly 100 per cent in primary school), the education system accomplishes little in terms of quality. Repetition rates remain high: out of 1,000 pupils enrolled for the first time in the first-year preparatory course, 51 per cent become repeaters. Fewer than 4 per cent of primary school pupils obtain their certificate of primary studies after six years of schooling. Furthermore, pre-school education is still largely undeveloped, and is limited in most cases to a few facilities in urban areas.

5. Little information is available on the nutritional status of pre-school children in Gabon. The most recent data indicate that 89 per cent of children between 0 and 3 years of age meet established norms for body weight. One of the major causes of malnutrition in Gabon appears to be related to the frequent practice of premature weaning.

6. When access to safe drinking water is viewed in the light of per capita GNP, Gabon ranks among the least advanced of the developing countries. Compared to Jamaica (100 per cent), Djibouti (82 per cent) and middle-income countries, the 68 per cent rate of access of the Gabonese population remains quite low. There is also wide disparity between rural and urban areas, with rates of access of 34 per cent and 75 per cent respectively. Moreover, fewer than 40 per cent of households have latrines and facilities for household garbage disposal.

Programme cooperation

7. Cooperation between Gabon and UNICEF dates back to the early 1960s when assistance was provided through the Gabonese programmes to combat yaws, leprosy and malaria. During the 1970s, a period of extraordinary economic growth, UNICEF discontinued its aid programmes in Gabon in order to focus on countries with greater needs. However, in the mid-1980s, the Gabonese Government solicited the help of UNICEF and other donors in two areas affecting child survival: immunization and control of diarrhoeal disease (CDD). Although there was no regular country programme and local support structure, UNICEF nevertheless was able to support the Government of Gabon out of the office for the Brazzaville region (Congo), thanks to supplementary funds obtained from the interregional fund for programme preparation, promotion and evaluation, provided by the Canadian Public Health Association and Rotary International.

Health

8. EPI has been supported by UNICEF since 1986. The results have been excellent: in 1990, Gabon achieved the objective of universal child immunization (UCI), with a coverage rate exceeding 75 per cent, because of the increase in the number of permanent (fixed) vaccination centres and the progressive abandonment of mobile teams. The number of measles cases has declined considerably and the eradication of neonatal tetanus and poliomyelitis

may be achieved within the next 10 years. EPI in Gabon depends greatly on external technical and financial assistance. UNICEF furnishes the bulk of requirements in health supplies and equipment, while the Government principally provides the salaries of the vaccination workers.

9. UNICEF support for the national CDD programme began in 1988. Despite intensive management training for CDD programmes at the central and provincial level, the results are less gratifying than those for EPI.

10. Since 1991, Gabon has been among the 12 pilot countries for the launching of the baby-friendly hospital initiative. The breast-feeding situation is a cause for concern, especially in urban areas. Gradual abandonment of exclusive breast-feeding and use of breast milk substitutes are the combined result of ubiquitous and aggressive publicity promoting artificial feeding, lack of information among health care workers on the advantages of breast-feeding, and a legal vacuum regarding protection of maternal nutrition and the regulation of the breast milk substitute industry.

11. The launching of the initiative in Gabon involved converting the two main hospitals in the capital (Libreville) into baby-friendly hospitals. At the same time, a decision to prohibit the free or subsidized distribution of breast milk substitutes in hospitals and maternity centres was taken by the Minister of Public Health and Population. The revised Gabonese code for the marketing of breast milk substitutes was finalized, and a national policy was formulated for the encouragement of breast-feeding, together with a plan of action for its implementation.

Lessons learned

12. The results produced by the various projects have been directly affected by the absence of UNICEF operational capacity in Gabon. The management of projects by the Brazzaville office depends largely on visits to Gabon by programme managers from the Brazzaville office, which can only be periodic. Recent experience has shown that the presence of UNICEF is essential to ensure that more attention is paid to the needs of children if the country is to reflect a clearer conception of the implications of development with a human face. That objective demands an analysis of the situation of children and women and the resulting advocacy activities will be instrumental in promoting the formulation of a programme of national action in behalf of children.

13. The allocation of resources in health or education sectors tends to favour the higher levels (hospitals, universities) to the detriment of basic health centres and primary schools. An analysis of the performance of these different sectors indicates that the budgets that have been approved must be restructured with proper weight given the allocation of resources to vulnerable groups. As in the case of other countries, the principles of the Bamako Initiative and the recommendations adopted at the end of the World Conference on Education for All will be adapted to the Gabonese situation.

Estimated annual expenditure

(in thousands of United States dollars)

| General resources | 1993 | 1994 | 1995 | Total |
|---|---|---|---|---|
| Health | 415 | 428 | 448 | 1 298 |
| Advocacy | 66 | 77 | 51 | 194 |
| Programme support | 269 | 245 | 251 | 765 |
| Subtotal | 750 | 750 | 750 | 2 250 |
| Supplementary funding | | | | |
| Health | 127 | - | - | 127 |
| Advocacy | 15 | - | - | 15 |
| Subtotal | 142 | - | - | 142 |
| Total | 892 | 750 | 750 | 2 392 |

Objectives of programme cooperation

14. The long-term objective of the proposed programme cooperation is to improve the chances of survival and enhance the physical and intellectual development of Gabonese children and at the same time provide for the welfare of mothers. In order to attain those objectives for the period 1993-1995, Gabon will focus on activities aimed at: (a) reducing the under-five mortality rate (U5MR) from 161 to 123 per 1,000 live births, the infant mortality rate (IMR) from 91 to 80 per 1,000 live births and the maternal mortality rate (MMR) from 190 to 130 per 100,000 live births; (b) enabling all women to breast-feed their children exclusively for 4 to 6 months and to continue to breast-feed them while providing supplementary food for a good part of the second year; (c) conducting an advocacy campaign designed to give more emphasis to the problems affecting children and women in national development strategies.

Strategies

15. The general strategy is based on the methods recommended for attaining the objectives of the Plan of Action of the World Summit for Children and ensuring the implementation of the Convention on the Rights of the Child. It takes into account the current social policies in Gabon and UNICEF's medium-term plan. It targets the priority problems affecting children and draws on experience derived from current cooperation activities.

16. The proposed programme cooperation involves advocacy in favour of incorporating the social dimension of development into all short and medium-term national plans in implementation of the International Development Strategy proposed for the Fourth United Nations Development Decade. The strategy that

is followed will promote the utilization of basic services and of techniques adapted to Gabon's socio-cultural conditions which are effective and accessible to as many people as possible. Planning and management of basic services will be rationalized and decentralized. In this process, priority will be accorded to strengthening national institutional and operational capacities, since that will determine the long-term viability of the activities initiated.

17. During the period 1993-1995, cooperation between UNICEF and the Gabonese Government will aim to consolidate ongoing projects and to create an institutional climate favouring the formulation of a full-scale programme of cooperation for the period 1996-2000. To this end, the proposed programme of cooperation consists of activities in the fields of health and advocacy within the overall framework of efforts to strengthen national capacity for social planning to benefit children and women.

Health

18. The objective of the project to support EPI is to increase coverage among one-year-old children and anti-tetanus vaccination coverage among women of child-bearing age, and to maintain it at a level of 90 per cent. Consequently, this project will directly help to eradicate poliomyelitis and eliminate neonatal tetanus. Accessibility will be strengthened by maintaining fixed vaccination centres, pressing forward with advanced activities in rural areas and supporting mobile teams. The level of utilization and coverage will be increased by making vaccinations available in fixed centres on a continuous, organized and universal basis and by keeping the general public, in particular mothers, informed.

19. The project to support the CDD programme aims to reduce by 30 per cent the rate of diarrhoea-related mortality among children under the age of five. UNICEF support will make it possible to increase the use of oral rehydration therapy through the administration of oral rehydration salts in oral rehydration units and sugar-salt solution as the first indicated treatment in the home. As in the case of EPI, UNICEF support will aim to improve access, level of utilization, proper case management to strengthen epidemiological surveillance and to promote a decentralization of the system for managing the CDD programme.

20. The project to support the implementation of the baby-friendly hospital initiative aims in the medium term to strengthen the practice of exclusive breast-feeding of children under the age of 4 months throughout Gabon. The strategy of the project comprises three essential areas, namely:
(a) conversion of all hospitals in Gabon into baby-friendly hospitals over a period of three years; (b) establishment of an appropriate legal and administrative framework and allocation of sufficient budgetary resources for an effective implementation of national policy on breast-feeding and the national code for the marketing of breast milk substitutes; and (c) the dissemination of information about breast-feeding through the appropriate media.

Advocacy

21. As part of this programme, an advocacy project will be developed to promote greater awareness and respect for the rights of the child based on a better understanding of the real life of children and women in Gabon and the factors influencing it. It will also aim, in conjunction with the United Nations Development Programme, to create the conditions for effective support of human development objectives by restructuring budgets to emphasize social priorities. It will advocate a redirection of national development strategies towards more appropriate basic services.

22. The project will also encourage a strengthening of national capacity in the area of social planning to benefit children. Several types of activity are included in this project, the objectives of which are: (a) ratification of the Convention on the Rights of the Child, the first objective of this advocacy project; once achieved, this ratification should be translated into legislation and action; (b) an analysis of the situation of children and women in Gabon on which to base a decision regarding the scope of the activities to be pursued as part of a national plan of action for children, making children the focus of development concerns; the analysis will also constitute an essential instrument for the preparation of the programme of cooperation for 1996-2000; (c) consideration of ways and means to rationalize the health system by adapting the principles of the Bamako Initiative and taking the first steps towards developing an appropriate institutional and operational framework; (d) consideration of primary education, at the national level, based on the recommendations of the Jomtien World Conference on Education for All.

Programme support

23. UNICEF will ensure that the administrative and technical staff required for the effective management of its cooperation with the Government are present in Gabon. Liaison will be maintained with the Brazzaville office and relations with the regional office at Abidjan will be strengthened. The cost of those arrangements will be paid by UNICEF, except for operating expenses (water, gas, electricity, telecommunications) which will be the responsibility of the Government, and expenses related to the technical and logistical support required for certain programmes and projects, which will be charged to the programme budget.

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